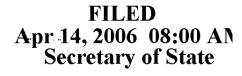
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2041 WEST STATE ROAD 426 OVIEDO, FL 32765 ANNUAL REPORT Mailing Address 2041 WEST STATE ROAD 426 OVIEDO, FL 32765





01262005 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-0637873

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR 215 NORTH EOLA DRIVE ORLANDO, FL 32801

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 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am tamiliar with, and accept the obligations of registered agent. 		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2006		U00000510721^M 04/29/06-80021-003 55.00^M
9.	MANAGING MEMBÉRS/MANAGERS	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D KOVAC, DONALD L 2041 W. STATE ROAD 426 OVIEDO, FL 32465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY - ST-ZIP		
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature subility company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informati half have the same legal effect as if made under oath; that I am a managing member or manager of t cute this report as required by Chapter 608, Florida Statutes.

DONALD L- KOVAC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE